

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of Invention</b>   | Modified Calcium Phosphate Bone Cement |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|---|--|-----------------|--|--------------------------------------|-------------|--------------------|-------------------|-----|------|---|---|------------------------|--|------|----|---|--|--|--|--|--------------------------------------|
| Application Number :  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Date :  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| First Named Applicant:  | Antje Reinstorf                        |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Attorney Docket Number:   | 17P29US                                |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>TOTAL FEE AUTHORIZED \$ 385</b>  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Patent fees are subject to annual revisions on or about October 1st of each year.   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Filing as small entity  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| BASIC FILING FEE  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>  |  | Fee Description | Fee Code                               | Amount \$                            | Fee Paid \$ | Utility Filing Fee | 2001              | 385 | 385  |   |   |                        | Subtotal For Basic Filing Fees: \$ 385 |      |    |   |  |  |  |  |                                      |
| Fee Description   | Fee Code                               | Amount \$       | Fee Paid \$                            |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Utility Filing Fee  | 2001                                   | 385             | 385                                    |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|   |  |                 | Subtotal For Basic Filing Fees: \$ 385 |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| EXTRA CLAIM FEES  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 10</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |  | Fee Description | Extra Claim                            | Fee Code                             | Amount \$   | Fee Paid \$        | Total Claims : 10 | 0   | 2202 | 9 | 0 | Independent Claims : 1 | 0                                      | 2201 | 43 | 0 |  |  |  |  | Subtotal For Extra Claims Fees: \$ 0 |
| Fee Description   | Extra Claim                            | Fee Code        | Amount \$                              | Fee Paid \$                          |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Total Claims : 10   | 0                                      | 2202            | 9                                      | 0                                    |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Independent Claims : 1  | 0                                      | 2201            | 43                                     | 0                                    |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|   |  |                 |  | Subtotal For Extra Claims Fees: \$ 0 |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>AUTHORIZED BILLING INFORMATION</b>   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Deposit account number:   | 501199                                 |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Access Code   | ****                                   |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Deposit name:   | Gudrun E. Hockett                      |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Deposit authorized name:  | Gudrun E. Hockett                      |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Signature:  | /Gudrun E. Hockett/                    |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Date (YYYYMMDD):  | 2004-09-29                             |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |